# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 593770

FILING DATE

APPLICANT(S)

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 2 | | 1 | | |
| 4 | | 2 | | 1 | | |
| 5 | | (1) | | 1 | | |
| 6 | | (0) | | 1 | | |
| 7 | | (0) | | 1 | | |
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| TOTAL IND. | 1 | | 1 | | | |
| TOTAL DEP. | 8 | | 6 | | | |
| TOTAL CLAIMS | 9 | | 7 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

PTO - 1360 (REV. 11/04)

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